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# Hurricane Juan

By Valerie Eden, Dartmouth, NS

“There’s a hurricane coming this weekend,” said my husband on Saturday morning. “We’d better put away the deck furniture and the barbecue in the garage. It’s supposed to hit us on Sunday evening.” And so it began. Like most Maritimers, I wasn’t overly concerned about the hurricane. However, I did heed my husband’s warning and, with the help of our two sons, we put away the furniture, the barbecue, plants and anything that could get blown away in the wind.

Sunday was overcast and windy. My husband and I went out and bought extra bottled water, fresh fruit, and milk. We checked our supply of candles, batteries, and flashlights. We made sure that our eldest daughter, who lives alone, was prepared. To be honest, a part of me believed that we were over-reacting.

That Sunday evening at about 1930 hours, my husband, who works for EHS (Emergency Health Services), was called into the Emergency Operations Center. I went to work as well. I am the manager of one of the local emergency departments, and I wanted to make sure that the staff were aware of the hurricane, that the disaster fan-out call list was near, and to also advise those staff leaving at midnight to take care and perhaps to head for home early, if possible. I also left word that the staff was to call me if they needed advice or if they had any concerns or questions.

We (my sons and I) watched the progress of the storm on TV. We decided that we would stay in my bedroom because it has a TV, and we would continue to watch the news for as long as the power held. We had our candles and flashlights at the ready. The wind began to blow harder, but it still didn’t seem to be so bad. The telephone rang several times as my husband checked in to report on the progress of the storm, and the charge nurse in the ED called to inform me that the tertiary level ED had gone on alert and had asked that we empty out the ED – to admit any patients whom we were holding, and to be prepared to handle any injured people.

By 2330 hours, the wind had picked up considerably and it was raining hard. The power stuttered a couple of times and then the lights went. The eye of the storm was over the mouth of the Halifax harbour. Lying in bed listening to the rain and the wind outside, I could hear a humming sound between the wind gusts. I realized that it was the storm. That humming told me that this storm was different. It was at that point that I became more concerned about our welfare. I know that describing a storm humming sounds strange, but hum it did, and that is when I realized that this was a powerful hurricane. Just before the power went off, the newscaster stated that the high winds and rain would last only another 30 to 45 minutes. In my mind, I thought that meant that the second part of the storm would be less violent. Boy was I wrong – the second

half of the storm was even fiercer. The winds were tracked at over 165 KPH. There were massive gusts that made the entire house vibrate. It felt like a giant was shaking the house. At one point, the air pressure changed in the house and I felt the roof lift. It was about then that I thought the boys were right and we should have stayed down in the family room in the basement. My husband called every hour or so. During one call, he told me that there was one death and that one of the ambulances in Halifax had a tree fall on it. One of the crew was trapped inside. Later on, he came home just to check on us – he told me that the paramedic had died. It was all so hard to believe.

The next morning, getting dressed in the dark and attempting to put makeup on by candlelight was interesting, to say the least. I packed a bag so that I could take a shower at the end of the day. Who knew when the power would be back on? The drive to work is usually short, but it took longer that morning due to downed trees, downed power lines and no traffic signals. The only good thing was there was very little traffic. School had been cancelled, people were stranded in their homes, their driveways blocked by downed trees or power poles. There was no power, so most businesses were not able to open either. Many streets were impassable because of downed trees.

The hospital was on generator power. The entire hospital except for the ED, which is on a separate generator, was dark with only dim emergency lighting. Emergency was hopping, though. Because the storm struck in the night and people were in their homes, there were few injuries as a result. However, later that day, we began to see patients with injuries directly related to the clean-up effort, as men fell out of trees and fractured bones, while others sustained lacerations from hatchets, machetes, etc., as they tried to hack their way through downed tree limbs. One elderly lady was admitted because the apartment building that she and her husband lived in had its roof blown off.

Initially, we saw a large number of people who were on home oxygen and needed new tanks. The companies, of course, did not have phone service and were unable to reach their customers anyway, because so many streets were impassable. Initially, we gave out several of our own tanks, until the head of respiratory caught wind of what was happening. We then collaborated with the ambulance service (EHS). We got names and addresses of patients requiring tanks; EHS provided the tanks and replaced them until the oxygen companies were able to take over their deliveries. We also treated patients who were on Home Care because the VON nurses could not get to them and there were a number of patients who needed medication refills. This was one of the lessons learned – that there are a large number of people in the community who have some kind of outpatient medical service.

Over the next two days, we saw an incredible number of people who would ordinarily go to their family doctors or to the medical clinics. However, their offices were closed due to power loss and the ED was the only game in town. One idea we tried that seemed to help was to have one of the family doctors who had hospital privileges come and work in the minor emergency treatment area. It allowed the emergency physicians to concentrate on the sicker patients, and we could maintain patient flow through the department. By Wednesday, most of the family physician offices were up and running and the volume of patients dropped off. The other big issue for us was supplying medications. With the pharmacies closed, how were people to get prescriptions filled? Our pharmacy department stepped in and filled prescriptions until the local pharmacies reopened.

It took nearly two weeks before all of the electricity was back on and the streets were passable. During that time, there were three more deaths as a result of burning candles. Hospital staff were amazing throughout the entire time – if they could manage to get into work, they did. Many of them left children and spouses at home with no electricity or telephone service. That went on for days. They dressed in the dark and made their way to the hospital with little thought for themselves. They were professional and dedicated throughout the entire time. For emergency staff, it was an especially difficult time because we had lost a colleague and a friend who died in the line of duty. Months later, the scars from the storm are still evident with many downed trees still in evidence; the parks are in ruins and buildings still under repair. However, the spirit of the people remains strong. For example, money has been raised to restore the parks to their former glory. As Maritimers, we are used to violent storms, but many of us were caught unprepared for a storm of this magnitude. One of the big lessons learned is that we will take weather warnings much more seriously in the future and take the proper precaution. ☒

# The first episode of psychosis – A crucial opportunity for recovery

By Sharon Mulder,  
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Early Psychosis Intervention: From Awareness to Action

## What is psychosis?

Psychosis is a serious, but treatable medical condition that reflects a disturbance in brain functioning. A person with psychosis experiences some loss of contact with reality, characterized by changes in their way of thinking, believing, perceiving and/or behaving. For the person experiencing psychosis, the condition can be very disorienting and distressing.

Psychosis is associated with a number of causes such as substance abuse or withdrawal, exposure to severe stress, and certain medical conditions or diseases. More often than not, psychosis signals the onset of schizophrenia or bipolar disorder.

However, at the time of the first episode of psychosis it is important for the person to receive a thorough medical assessment to explore possible reasons for the experience.

## What is ‘first episode psychosis’ and why is it so important?

While psychosis can evolve into chronic forms, the first time the condition occurs it is referred to as ‘first episode psychosis’. There is mounting evidence to indicate that appropriate and timely interventions at this juncture *significantly increase* the chances for *faster, fuller recovery*.

Benefits of early detection and appropriate treatment include:

- faster and more complete recovery
- improved capacity to maintain self-identity and self-esteem
- improved capacity to maintain life course
- reduced disruption of educational and vocational pursuits
- reduced disruption of family and social relationships
- reduced likelihood of hospitalization
- reduced risk of suicide.

Yet, while research indicates that the longer the duration of untreated psychosis, the poorer the outcomes, studies often report delays of a year

